



Credit Card Authorization Form
We accept Visa, MasterCard, and American Express

* Company Name:	GDP GUHDO Acct #:	
*Name How It Appears On Card:	Phone#	
* Billing Address: (Street Number Only)	*Zip:	
*Credit Card #:	*Expiration Date:	Three or Four Digit CID Code
Card Type: American Express Visa MasterCard		

(*Denotes a Required Field)

By signing below I authorize GDP|GUHDO to charge the credit card listed above in the following manner:

I authorize GDP|GUHDO to keep my credit card number on file and to charge my credit card whenever a new order has shipped.

I authorize GDP|GUHDO to charge my card One Time Only for the following Invoice, I understand that shipping charges may be added to the Total Sales Order amount..

Sales Order/Invoice Number:_____

Printed Name: _____

Signature: _____ Date:_____

Please fax to our secure line at: 770.592.1714